

**STATE BOARD OF HEALTH
DRAFT MINUTES
April 8, 2011
9:00 a.m.**

Nevada State Health Division
4150 Technology Way, Room 303
Carson City, Nevada

Southern Nevada Health District
625 Shadow Lane
HR Training Room #2
Las Vegas, Nevada

Nevada State Health Division
Early Intervention Services
1020 Ruby Vista Drive, Suite 102
Elko, Nevada

BOARD MEMBERS PRESENT:

Lubna Ahmad, MD (Las Vegas)
Joan Anjum, RN (Las Vegas)
Frances Barron, Chairperson (Las Vegas)
Edwin Homansky, MD (Las Vegas)
Monica Ponce, DDS (Las Vegas)
Randy Schaefer (Las Vegas)
Roger Works, DVM (Carson City)

BOARD MEMBERS NOT PRESENT

HEALTH DIVISION STAFF PRESENT:

Vanessa Alpers, Management Analyst IV
Ihsan Azzam, MPH, State Epidemiologist
Patricia Chambers, Health Facilities Surveyor IV, Bureau of Health Care Quality and Compliance (HCQC)
Jennifer Dunaway, Health Program Manager III, HCQC
Vickie Estes, Health Facilities Surveyor III, HCQC
Martha Framsted, Public Information Officer II
Deborah Green, Nevada State Health Division, Emergency Health Services
Tracey D. Green, MD, State Health Officer
Laura Hale, Manager, Primary Care Office, Bureau of Health Statistic, Planning, Epidemiology and Response (HSPER)
Barbara Haywood, Primary Care Office, HSPER
Maria Lingat-Collier, Administrative Assistant IV, HCQC
Julia Peek, Manager, Office of Epidemiology, HSPER
Joe Pollock, Professional Engineer, Public Health and Clinical Services
Luana J. Ritch, PhD, Chief, HSPER
Wendy Simons, Chief, HCQC
Paul Shubert, Health Facilities Surveyor IV, HCQC
Nenita Wasserman, Executive Assistant
Marla McDade Williams, Deputy Administrator
Richard Whitley, MS, Secretary, State Board of Health and Administrator

ADDITIONAL TESTIMONY PRESENTED BY:

Dustin Boothe, Carson City Health and Human Services
Mary-Ann Brown, Washoe County Health District
John Middaugh, MD, Southern Nevada Health District
Bill M. Welsh, Nevada Hospital Association

OTHERS PRESENT:

Linda Anderson, Chief Deputy Attorney General, Office of the Attorney General
Julie Bertuleit, GSK Vaccines
Mike Croveti, Coronado Surgical Recovery Suites
Kathleen Kelly, Nevada State Board of Dental Examiners
Cindy Kuperus, Carson Tahoe Regional Hospital
Deborah Munoz, RN, Coronado Surgical Recovery Suites
Janet Serial, Program Manager, Office of Minority Health, Director's Office, Department of Health and Human Services

Frances Barron, Chairperson opened the meeting at 9:05 a.m. Ms. Barron indicated that the meeting was posted at the following locations: Washoe County Health District, Reno; Nevada State Library and Archives, Grant Sawyer State Office Building, Las Vegas; Early Intervention Services, Elko, Nevada and the Legislative Building, Carson City; and on the Internet at the Nevada State Health Division website: <http://www.health.nv.gov> in accordance with the Nevada Open Meeting Law.

ROLL CALL and Approval of Minutes from the December 10, 2010, and January 7, 2011, meetings (Agenda Item 1).

Roll call was taken and it was determined that a quorum of the State Board of Health was present. The meeting was video conferenced between the above-mentioned locations.

December 20, 2010 meeting minutes:

MS. ANJUM MOVED THAT THE MEETING MINUTES OF THE BOARD OF HEALTH BE APPROVED FROM DECEMBER 20, 2010. THE MOTION WAS SECONDED BY MR. SHAEFFER. MOTION PASSED UNANIMOUSLY.

January 7, 2011 meeting minutes:

DR. PONCE MOVED THAT THE MEETING MINUTES OF THE BOARD OF HEALTH BE APPROVED FROM JANUARY 7, 2011. THE MOTION WAS SECONDED BY MS. ANJUM. MOTION PASSED UNANIMOUSLY.

REPORTS (Informational)

A. Chairperson – Frances Barron

No report was given on this item.

B. Marena Works, Director, Carson City Health and Human Services

Dustin Boothe, Carson City Health and Human Services Epidemiologist, gave this presentation for Marena Works, Director, Carson City Health and Human Services (CCHHS). He provided several handouts to the board which are listed below and are on file with the Health Division, Board of Health meeting files: 1) *Fish Bone diagram*; 2) *Internal Audit Tool Draft – Carson City Health and Human Services*; 3) *QI Storyboard Dec 14 mod* and 4) *Audit Data*.

Dustin Boothe, Epidemiologist for CCHHS, introduced himself and stated that in their last report of December 2010, Marena Works focused on their experience of being a Beta-test site for public health accreditation. The board members received the handouts listed in the above-paragraph. He said that CCHHS is continuing to make progress towards accreditation and have completed their community health assessment. He said the current focus will be a community improvement plan in which community leaders will be asked to review the assessment results and establish critical health priorities that have yet to be resolved. This will form the foundation of the plan that will yield a report addressing six broad public health responsibilities: preventing injuries, promoting healthy behaviors, strengthening the public health infrastructure, preventing epidemic, and the spread of disease, protecting against environmental hazards; and preparing for, responding to, and recovering from public health emergencies.

Continuing his presentation, Mr. Boothe said that in recognition of National Public Health Week April 4th through 10th and its theme “*Safety is No Accident: Live Injury Free*”, CCHHS has hosted events this past week. These events included a health fair at Carson High School; staffed information stations on Monday and Wednesday at Western Nevada College and special activities at the health department on Friday. In addition, an article ran daily in the local paper addressing safety tips in the home, safety in the workplace, physical activity safety equipment, dangers of texting while driving and emergency preparedness.

Mr. Boothe stated that with the legislative session in full swing, they have been heavily involved in monitoring potential impacts to their local health department. There are a number of public health services provided by the State Health Division for which the counties will now be paying. Carson City has been negotiating for the opportunity to provide some of these services, in some cases saving money, but in all cases giving local control of the service. Consequently, there has been increased interest from neighboring counties of Storey, Lyon and Douglas to enter into inter-local agreements with Carson City to provide services at a regional level. Environmental health inspections, emergency medical services regulation, treatment for STD’s and tuberculosis, and community health nursing have been discussed. He said they should know within the next month if a regional model will go forward and will update the Board at the June meeting. Chair Barron complimented Mr. Boothe on the story board that he provided. Mr. Booth noted that it had also been submitted to the National Public Health Association. She thanked Mr. Boothe for his hard work.

C. Mary Anderson, MD, MPH, District Health Officer, Washoe County Health District

Mary Ann Brown, Interim Health Officer, Washoe County Health District, gave a brief recap of the difficulties they are having with their budget. She stated the District is dealing with a \$33.5 million to \$60 million deficit. They are reviewing budget scenarios with 75 percent to 90 percent funding. She also noted that some services will have to be eliminated. They are currently analyzing many bills that will have an effect on Washoe County. Those bills along with their budgetary issues are keeping them very busy. She added that the Washoe County Health District health officer position will be announced at the end of April.

D. Lawrence Sands, DO, MPH, Chief Health Officer, Southern Nevada Health District

Dr. Sands was unable to attend. John Middaugh, MD, Southern Nevada Health District (SNHD) made the presentation on this item and reported on an infection breach investigation and notification. He stated that in mid-March the SNHD was notified of an investigation conducted by the Nevada Board of Medical Examiners and the U.S. Food and Drug Administration (FDA) Office of Criminal Investigation, that found a local urologist reused endocavity needle guides, which are single-use only medical devices, while performing some biopsies. Staff began using new equipment in mid-December 2010, and there is no evidence of infection breaches occurring since this time.

Continuing his presentation, Dr. Middaugh stated that as a result of this investigation the health district notified patients who underwent prostate biopsies or procedures for Visicoil™ implantable markers or gold seed radiation implants that required use of a needle guide between December 20, 2010, and March 11, 2011. The letter recommends patients who underwent these procedures within the identified time frame contact their physicians in order to be tested for hepatitis B, hepatitis C and HIV. It was further recommend that patients see their personal physician for testing in order to ensure they receive appropriate care and follow-up information. Since the original notification, an additional physician has self-reported to the Board of Medical Examiners that the same single-use needle guides were being reused in his practice. The physician has voluntarily notified his patients and recommended the appropriate testing. To date, no cases of infection have been reported to the health district as a result of these incidents.

Dr. Middaugh commented that the health district celebrated World TB Day on March 24 with an open house at its newly renovated TB Treatment and Control Clinic at its main campus, 625 Shadow Lane. The open house included a tour of the facility as well as a panel discussion with TB staff, clinic clients and family members about how tuberculosis has impacted their lives and families. The health district took this opportunity to remind the public that TB remains an important public health concern, and while the disease has not been eradicated, it is treatable. In 2010, 2 billion people worldwide were affected by tuberculosis, which is about 1/3 of the world's population. In Clark County there were 97 cases in 2010.

As part of World TB Day, Dr. Middaugh stated the health district posted a video to its YouTube channel about TB's impact on the lives of three patients and their families. The *Faces of TB* video may be viewed at www.youtube.com/SNHealthDistrict.

Additionally, Dr. Middaugh reported that in 2006, the State of Maine conducted an exhaustive investigation regarding the misuse of needle guides. The State of Maine concluded the risk was very low of transmitting disease, which was clearly good news. He commented that this has been an ongoing investigation with the patients who have been advised and tested six months after the procedure. In this particular case, there was a tremendous amount of education *that could not have gone any better*. He said that they are pleased that as a result of the State of Maine's continuing investigation, the states of Nevada and Maine have strengthened the different roles they have together.

Chair Barron asked about the length of time before CDC was notified, to the time that letters were sent out to notify patients. Dr. Middaugh stated that the time interval was within a week or two.

E. Environmental Commission – Frances Barron, Board of Health Designee

No report was given on this item since the Environmental Commission has not met since the last Board of Health meeting.

F. Tracey D. Green, MD, State Health Officer

Dr. Green gave a brief presentation on the 25 bills before the Legislature that may have an impact on the Board of Health. She said she would be submitting a brief summary of all the bills to board members and noted that all the bills are in different phases before the Legislature.

Additionally, Dr. Green noted there are several health related topics being celebrated during the month of April which include: National Public Health Week; National Immunization Week; and National Minority Health Month, which has a focus on school nutrition. The campaign for One Needle, One Syringe, One Time has begun. There was also a contest for fourth graders across the state to come up with a logo for a statewide hand hygiene campaign. The winning slogan was "Hey Nevada Wash Your Hands" submitted by a student in Virginia City from Hugh Gallagher Elementary School.

ITEMS C, D, and E WERE REMOVED FROM THE CONSENT AGENDA AND PUT ON THE REGULAR AGENDA FOR DISCUSSION.

- C. Consideration and approval of [Compliance Agreement between Nevada State Health Division and Carson Tahoe Regional Healthcare](#) - Wendy Simons, Chief HCQC
- D. Consideration and Approval of [Case numbers 642 and 643: Coronado Surgical Recovery Suites: Request for Variance to NAC 449.674\(1\), NAC 449.677\(5-7\), NAC 449.713 \(6-9\), NAC 449.716\(1-8\), NAC 449.685\(2\), Life Safety Code \(LSC\) standards 18.1.6, 18.3.7, 18.2.4, 18.2.5.2, 18.2.3.6, and American Institute of Architects \(AIA\) standard 4.1- 2.2.4](#) - Wendy Simons, Chief HCQC

- E. Consideration and Approval [of the Board of Dental Examiners to serve as the recognized Accrediting Body for Physician Offices Requiring Permits to Administer Anesthesia](#) - Paul Shubert, Health Facilities Surveyor IV, Bureau of Health Care Quality and Compliance

CONSENT AGENDA - ITEM A Consideration and Approval [of Case #641, Coca Cola Refreshments USA Request for Variance to Nevada Administrative \(NAC\) 445A.556 \(2\)\(a, b\): Labeling requirements. "...2. The label must contain: \(a\) the name and location of the bottling company; \(b\) the number of the permit issued to the operator or distributor by the health authority..."](#)

ITEM B. Consideration and appointment of [Jill Brown, MT, to a three-year term as a member of the Medical Laboratory Advisory Committee \(MLAC\) in accordance with NRS652.170\(4\)\(b\) to serve in the capacity as a medical technologist.](#)

ITEM F. Consideration and appointment of new members of the Minority Health Advisory Committee. Janet Serial, Program Manager, Office of Minority Health

**MS. ANJUM MADE A MOTION TO APPROVE CONSENT AGENDA
ITEM A, B AND F. THE MOTION WAS SECONDED BY DR. PONCE.
THE MOTION PASSED UNANIMOUSLY.**

ITEM C. Consideration and approval of [Compliance Agreement between Nevada State Health Division and Carson Tahoe Regional Healthcare](#)

Wendy Simons, Chief, HCQC, gave an overview of the request for Carson Tahoe Surgery Center, which is an ambulatory surgery center. This request was to consider licensure of the facility located at 973 Mica Drive, Suite 102, Carson City, as a same day outpatient surgical component of the hospital. The request places this location of the new surgery center under the hospital's license.

Ms. Simons explained that current regulations do not define such applications for remote outpatient surgical components of hospitals. However, it was determined that this request could be accommodated by a Compliance Agreement approved by the Board of Health.

Chair Barron asked if this facility is now closed during the transition. Ms. Simons said there are witnesses at today's meeting that could answer that question. She noted the center met all criteria to pass inspection by HCQC. Ms. Anjum asked if the terms of agreement would be reviewed every 90 days. Wendy Simons said it will be sustaining once approved by the Board.

Linda Anderson added that the board has 90 days to review this agreement.

**CHAIR BARRON MOVED TO APPROVE THIS ITEM. MS. ANJUM
SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.**

ITEM D. Consideration and Approval of [Case numbers 642 and 643: Coronado Surgical Recovery Suites: Request for Variance to NAC 449.674\(1\), NAC 449.677\(5-7\), NAC 449.713\(6-9\), NAC 449.716\(1-8\), NAC 449.685\(2\), Life Safety Code \(LSC\) standards 18.1.6, 18.3.7, 18.2.4, 18.2.5.2, 18.2.3.6, and American Institute of Architects \(AIA\) standard 4.1- 2.2.4](#)

Paul Shubert, HFSIV, HCQC presented case numbers 642 and 643. Both of these requests are from Coronado Surgical Recovery Suites. Case Number 642 is an application for variance to requirements regarding facility administration, dietary requirements, social services, money of residents and activities. Case Number 643 is an application for variance to requirements regarding Life Safety Code and structural standards indicated in the AIA guidelines. Since these cases involve the same facility and many of the same circumstances, discussion of the cases has been combined into this one presentation.

Continuing his presentation, Mr. Shubert said that Coronado Surgical Recovery Suites was issued a provisional license as an intermediate care facility (ICF) on November 19, 2010. The provisional license was issued in order to allow the facility to operate as it went through the licensure process. In order to license the facility, HCQC staff had to categorize the facility as a statutorily defined facility type and attempt to apply the associated administrative code. Staff fully realized the incompatibility in the structure, operation and intent of this facility with the current administrative code; but attempted to minimize the impact on the facility by allowing the facility to request variances. HCQC understands this should be remedied in the future by crafting new regulations that will accommodate this new facility type.

Mr. Shubert reported the facility contains six single occupancy patient rooms and is located adjacent to a licensed and certified ambulatory surgery center. The Coronado Surgical Recovery Suites facility is only operated to accommodate surgical patients after discharge from the surgery center. These patients are only admitted to the Recovery Suites for a short stay (approximately 48 hours) prior to returning home. Ambulatory surgery center (ASC) regulations require that all surgical patients must remain in an ASC until they are stable enough to return to their home environment, but not more than 24 hours. The ASC regulations do not preclude patients from electing to recover in other settings. Some patients of Coronado Surgery Center elect to be cared for in the Recovery Suites, because there are professional nurses and therapy services immediately available, while patients return to their home environment after their surgery. Either way, patients are stabilized prior to discharge from the ASC.

Mr. Shubert stated that granting this variance would not impair the purpose of the regulation or cause detriment to the public welfare, as this facility is unique in that the residents are not admitted for long term care, but rather for very short term stays (usually 48 hours) for rehabilitation after surgery.

Continuing, Mr. Shubert explained that not granting these variances would cause undue hardship for the facility. For case #642, the hardship is best understood in view of the population and term of stay for which the regulations were intended versus the term of stay and population that will actually be served by this facility. The regulations were not intended for a facility that will only operate periodically to accommodate residents for a very short term stay. Likewise, the resident population is not typical to other intermediate care facilities.

Mr. Shubert added that for case #643, the hardship is best understood in view of what would be necessary for the facility to come into full compliance with the regulations. Full compliance would require the facility to close and move to another location, because certain elements within the structure don't allow for modification without completely rebuilding. This facility is truly unique in its design and intended function as compared to other intermediate care facilities. The structural regulations were not intended for a facility with a functional program as presented for the operation of this facility.

Mr. Shubert explained that undue hardship will occur if this facility is required to meet the regulatory requirements that were established for facilities with a very different operational intent. Granting this variance would not pose a risk to health and safety. For case #642, the facility has mitigated the risks to the health and safety of residents, in the absence of these regulatory requirements, by developing an operational plan that ensures residents only remain in the facility for a very limited amount of time (usually 48 hours). He said that for case #643, the facility has shown it can protect the safety of the residents with a level of confidence by passing the inspections conducted by local authorities and the State Fire Marshal. The facility has mitigated risks to the safety of residents by being fully sprinklered and having early warning devices (smoke detectors and a pull station alarm), by its open design with one central corridor where exits are obvious, and by ensuring an acceptable staff to resident ratio.

Mr. Shubert reported that staff recommends the Board of Health approve Case #642, Coronado Surgical Recovery Suites: Request for Variance to NAC 449.674(1), NAC 449.677(5-7), NAC 449.707(1-7), NAC 449.713(6-9), NAC 449.716(1-8). Staff also recommends the Board of Health approve Case #643, Coronado Surgical Recovery Suites: Request for Variance to NAC 449.685(2), Life Safety Code (LSC) standards 18.1.6, 18.3.7, 18.2.4, 18.2.5.2, 18.2.3.6 and American Institute of Architects (AIA) standard 4.1-2.2.4.

Additionally, Mr. Shubert stated that staff recommends these variances be approved with the following stipulations:

1. In no case may a resident admitted to the Coronado Surgical Recovery Suites remain in the facility longer than 72 hours.
2. The facility will only appoint a person with one of the following qualifications as the administrator: 1) a registered nurse; or 2) a licensed long term care administrator.
3. The facility must continuously maintain a contract with a permitted kitchen or restaurant to provide food services for the facility.
4. The facility will ensure residents are aware prior to admission that the facility will not be responsible for money or valuables and will not hold the same on behalf of the residents.
5. The facility must maintain fire safety features in operating conditions at all times to include: fire sprinklers, the fire extinguisher, smoke detectors, alarms and free access to exits.

Bill Welch, Nevada Hospital Association (NHA) stated he was not challenging the quality of care that was being provided. He said the intent of his testimony is to express the NHA'S position in opposition to the granting of these variance requests by Coronado Surgical Recovery Suites. This opposition is based on an understanding that these variances violate the intent of

both federal and state laws and is not based on the quality or safety of care provided by the physician or Recovery Suites.

Mr. Welch stated it was the NHA's understanding that Coronado Surgical Recovery Suites is operating under two separate licenses, one license as an ambulatory surgery center and the other license as an intermediate care facility, with an enclosed walkway between both facilities. This appears to be a "work around" to avoid the legal ramifications of a physician-owned specialty hospital. Federal laws have clearly banned any development of new physician-owned specialty hospitals for the last several years. In addition, Nevada law specifically prohibits a physician referral to a facility in which the physician has a financial interest.

Continuing, Mr. Welch stated he has been advised by the Bureau of Health Care Quality and Compliance that the surgical procedures being performed at Coronado Surgical Recovery Suites include total joint implants, which have historically been performed as an inpatient hospital procedure. It has been suggested that Coronado Surgical Recovery Suites is only doing these procedures as an ambulatory surgery center. However, these patients are immediately being discharged to Coronado Surgical Recovery Suites intermediate care facility where the length of stay has been between 48-72 hours. It should also be noted that the average length of stay for hospital inpatients is only 2½ days.

He said his testimony is also referenced in his December 20, 2010, letter submitted to Wendy Simons, Bureau Chief of HCQC, which outlined his questions and her January 6, 2011, response letter in which he is of the opinion that most of his questions and concerns were not addressed. Both these correspondences are included as exhibits for these Board of Health minutes.

Mr. Welch asked the following questions:

- Is there a defined list of surgeries that can be performed at an ambulatory surgery center?
- Who is monitoring whether the appropriate surgeries are being performed at an ambulatory surgery center?
- How are patients transported between Coronado Surgical Recovery Suites' ambulatory surgery center and their intermediate care facility?
- How is the physician able to legally refer patients to himself between his two facilities?

Mr. Welch said that NHA does not question that an ambulatory surgery center can be licensed separately from an intermediate care facility. He commented that this arrangement appears to create a physician-owned specialty hospital, which is clearly prohibited. It also appears this variance request is a purposeful attempt to dodge federal and state laws, and the acceptance of the request sets a bad precedence.

In conclusion, Mr. Welch emphasized that the NHA's opposition to these variance requests were not based on any quality or safety of care issues of either the physician or the facilities. He explained the NHA opposition is strictly based on the organizational and operational structure, which appears to be a physician-owned specialty hospital that would violate both federal and state laws.

Wendy Simons responded that the HCQC submitted a response to Mr. Welch and the NHA that addressed his questions and concerns regarding Coronado Surgical Recovery Suites which is a new type of a model. She explained that regulations do not accommodate this particular model and HCQC issued a provisional license. She stated she toured the facility and had a firsthand visual of the center, and it was her conclusion that this type of facility was not putting patients at risk of harm.

DR. PONCE MOVED THAT THIS ITEM BE APPROVED. THE MOTION WAS SECONDED BY MS. ANJUM. MOTION PASSED UNANIMOUSLY.

ITEM E. Consideration and Approval [of the Board of Dental Examiners to serve as the recognized Accrediting Body for Physician Offices Requiring Permits to Administer Anesthesia](#)

Paul Shubert, HFS IV, HCQC, made the presentation on this item. Mr. Shubert said that the Nevada State Board of Dental Examiners is applying as an accrediting organization for outpatient facilities in Nevada. According to LCB File #R179-09, section 13, subparagraph 3, an organization that accredits outpatient facilities must submit an application. The Health Division must review the application and make a recommendation to the Board. The recommendation must be based on whether the applicant has minimum requirements necessary to ensure a high level of quality.

Continuing his presentation, Mr. Shubert said that approval of this applicant will allow the Board of Dentistry to accommodate its licensees who hold both a license as a Dentist and hold a license issued by either the Board of Medical Examiners or the Board of Osteopathic Medicine. When such doctors use sedation or general anesthesia in the treatment of their patients in an outpatient setting, they are required to obtain a permit from HCQC and therefore must also receive accreditation by an approved accrediting organization.

Mr. Shubert stated that staff recommends the Board of Health approve the Nevada State Board of Dental Examiners in accordance with LCB File #R179-09, section 13, subparagraph 3. He added that representatives from the Nevada State Board of Dental Examiners are available for questions.

Kathleen Kelly, State Board of Dental Examiners, introduced herself for the record and noted that the board may conduct cite inspections for conscious sedation and general anesthesia. She commented that each location must be permitted. The dentist must be licensed and then additionally they have a permitting process for general anesthesia. Licensed dentists must pass an evaluation that involves preoperative review as well as during treatment and post-operative. They also have oral examinations and other requirements that have been in place for thirty years. She requested that the board be allowed to continue to conduct inspections and evaluations as a recognized accrediting body.

DR. PONCE MOVED FOR APPROVAL OF THIS ITEM. MS. ANJUM SECONDED. MOTION PASSED UNANIMOUSLY.

AGENDA TEM 4 CONSIDERATION AND ADOPTION OF PROPOSED REGULATION AMENDMENT(S) TO NAC 439A PLANNING FOR THE PROVISION OF HEALTH CARE” LCB FILE NO. R138-10.

Laura Hale, Manager Primary Care Office, HSPER gave a summary of public hearing visa waiver program. She explained this is set up in regulation under Chapter 439A, Section 170 also establishes the Primary Care Advisory Council. Mrs. Hale read through her memorandum which is available at the Health Division, Board of Health files for the April 8, 2011, meeting.

Chair Barron asked for a motion to approve the item with the additional ERRATA.

DR. AHMAD MADE A MOTION TO APPROVE THIS ITEM. JOAN ANJUM SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

ITEM 5 Public comment and discussion.

There was no public comment. Meeting adjourned at 10:30 a.m.